

Disqualification (Suspension) Letter for Program Abuse

Date: _____

Dear _____:

_____ is being disqualified (suspended) from the Kansas WIC

Program for: _____

The disqualification begins on _____ and ends on _____. You may receive or reapply for WIC benefits after your disqualification ends.

If you do not agree with this decision, you may ask for a fair hearing. To get a hearing, you must contact your Local Agency. You have 60 days from the date on this letter to ask for a hearing. ***If you ask for a hearing within 15 days*** of this date, you will receive WIC benefits until the hearing decision is made or the certification period ends, whichever is first. A copy of the WIC rules for a fair hearing is enclosed.

Local Agency of Clinic Signature/Title

Local Agency of Clinic name, address and telephone number: _____

☐ Check this box if notice is hand delivered. Date delivered: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age and disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Prepare 2 copies:

Original to client

Copy to Local Agency/Clinic Complaint File